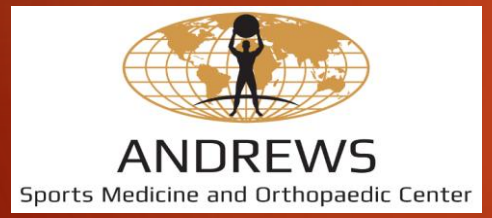


Athletic Coaching Academy

HELPING COACHES DEVELOP YOUNG ATHLETES PHYSICALLY, MENTALLY, AND EMOTIONALLY IN A SAFE AND SUCCESSFUL ENVIRONMENT

Research and resources provided by our partners and others as noted throughout this presentation

Topics

01

Sports Medicine

And Emergency Management

02

Psychology of Coaching Young Athletes

03

Warm Up and Physical Conditioning

04

Online Google Doc Test

CDC Heads Up Concussion Module

Coaches Education Classes 2019

Wednesday, February 6, 2019: 5:30-7:30
Wednesday, February 27, 2019: 5:30-7:30
Sunday, March 17, 2019: 2:00-4
Wednesday, May 22, 2019: 5:30-7:30
Wednesday, July 24, 2019: 5:30-7:30
Wednesday, August 28, 2019: 5:30-7:30
Sunday, October 13, 2019: 2:00-4

Online Test and Handouts and Resources

- https://trussville.org/departments/parks-recreation/coaches-education/

ATI PHYSICAL THERAPY

PlaySafe education health safety

Certificate of Completion

THIS ACKNOWLEDGES THAT

HAS SUCCESSFULLY COMPLETED
THE PLAYSAFE/ATI YOUTH COACHING ACADEMY

MICHAEL RYAN, ATC, CSCS
PROGRAM LEADER

JANUARY, 2 2018

HEADS UP COACHES

Certificate of Completion

Awarded November 2017 to

Michael Ryan

Name

In recognition of completing the HEADS UP Concussion Training for Youth Sports Coaches

CDC

https://trussville.org/departments/parks-recreation/coaches-education/

https://springvillealabama.org/parks-recreation/coaches-education.html

Parks & Recreation Links

- About Parks
- Senior Center
- Rental Information
- Staff Directory
- Parks & Recreation Board
- Adult Sports
- Youth Sports
- Recreation Activities
- Coaches Education
- Trail Map

Parks & Recreation Events

MAR 6	Park and Rec Board Meeting
MAR 13	Park and Rec Board Meeting
APR 10	Park and Rec Board Meeting

Coaches Education

Click here to take the online test

2018 – 2019 Class Schedule

- Sunday, November 18, 2018: 2:00
- Wednesday, January 2, 2019: 5:30
- Wednesday, February 6, 2019 5:30
- Tuesday, February 19, 2019 6:00
- Wednesday, February 27, 2019: 5:30
- Sunday, March 17, 2019: 2:00
- Wednesday, May 22, 2019: 5:30
- Wednesday, July 24, 2019: 5:30
- Wednesday, August 28, 2019: 5:30
- Sunday, October 13, 2019: 2:00

Board CPR Certification Class

- Saturday, November 3: 8:30
- Saturday, January 19: 8:30
- 8:30 a.m. Recertification Class
- 9:00 a.m. New Certification Class

Coaches, all you have to do is show up on the day of the class, no pre-registration is required.

These classes are for everybody who coaches for a Trussville Youth League Activity, or for those coaches who utilize any ball field that is City of Trussville Parks and Recreation Department property. Every coach must attend and successfully complete one of these classes in order to coach or utilize a ball field within the City of Trussville. All board members on parent run associations must also take the class.

The in-person class is good for one year.

The online test needs to be completed yearly.

Sports Nutrition | SPECTATORPARENTSUPPORT | SickleCellFactSheet

HeadInjujuryfactsheetcdc | Head Injury Advice 2017 | Dynamic Warm Up1

Dynamic Warm Up+Flexibility2 | Certificate of Completion-ATI-Playsafe

City of Springville Alabama

Text Size

Search...

Home | Administration | Zoning | Inspections and Permits | Parks & Recreation | Fire | Police | Court | Library | City Council | Chamber

Coaches Education

These classes are for everybody who coaches for Springville Youth League Activities, or for those coaches who utilize any ball field that is City of Springville Parks and Recreation Department property. Every coach must attend and successfully complete one of these classes in order to coach or utilize a ball field within the City of Springville. Certification is good for 1 year. If you coach multiple sports within a 12 month period, you do not need to retake the class until your certification expires.

No pre-registration is required; just show up on any scheduled day.

Springville City Hall

- Sunday, March 3rd, 2019: 2:00

Trussville Civic Center

- Wednesday, February 6th, 2019: 5:30
- Wednesday, February 27th, 2019: 5:30
- Sunday, March 17th, 2019: 2:00
- Wednesday, May 22nd, 2019: 5:30
- Wednesday, July 24th, 2019: 5:30
- Wednesday, August 28th, 2019: 5:30
- Sunday, October 13th, 2019: 2:00

To View Helpful Information for Coaches Click The Links Below

Sports Nutrition
Head Injury Fact Sheet
Dynamic Warm Up
Dynamic Warm Up & Flexiblity

Next >

Sports Medicine

Emergency Action Planning (EAPs)

An emergency action plan (EAP) is a written document required by particular OSHA standards. [29 CFR 1910.38(a)] The purpose of an EAP is to facilitate and organize key personnel's actions during emergencies.

Emergency Action Plan

- 911 or your local emergency number?
- Field or facility address and phone number?
- Who has keys to doors? gates?
- Where is the Automatic External Defibrillator (AED)?
- Where is the First Aid Kit?
- Who are the medical professionals in your organization
  - MDs, Nurses, Paramedics, EMTs, Athletic Trainers, Physician Assistants, Chiros, Physical Therapists, Fire Fighters, Policeman
- Inform board members or appropriate park staff after sending someone by ambulance to emergency department

Emergency Action Plan Sample

Automatic External Defibrillator Demo

Pre-Participation Physicals

- Heart/Lung concerns
- Allergic to food or insect stings/bites?
- Diabetic?
- Sickle Cell Trait?
- ADHD, anxiety, or others requiring medicines?

Cardiac Emergencies

- Catastrophic Brain Injuries
- Cervical Spine Injuries
- Exertional Heat Stroke
- Exertional Sickling
- Lightning
- Sudden Cardiac Arrest
- Asthma
- Head Down Tackling in Football
- Diabetes

Concussion Recognition and Management

www.cdc.gov/headsup/basics/concussion_whatis.html

A concussion is a type of traumatic brain injury (TBI) that can be caused by a *bump, blow, or jolt to the head or a hit to the body* that can cause the brain to bounce or twist in the skull, creating *chemical changes* in the brain and *sometimes stretching and damaging brain cells.*

Concussion Recognition

- Not always easy to recognize
- Does not always involve a big collision
- Often need to rely on:
  - what the athlete "tells you" (symptoms)
  - not how he or she "looks to you" (signs)

Current Research

- Adolescents have longer recovery than other age groups (≈11-16 years old)

  Concussion Summit Children's Hospital Alabama - 2017
- 70% recover in a few days - few weeks

  Concussion Summit Children's Hospital Alabama - 2017
- 40% of concussions ages 8-13

  American Academy of Pediatrics - 2016
- History of concussion causes higher risk of sustaining another concussion

  (Delany, et al 2000, Levy, et al 2004)
- In sports with like playing rules, incidence of concussion is higher in females than males

  (Harmon, et al Am. Medical Society for Sports, Position Statement – 2013)

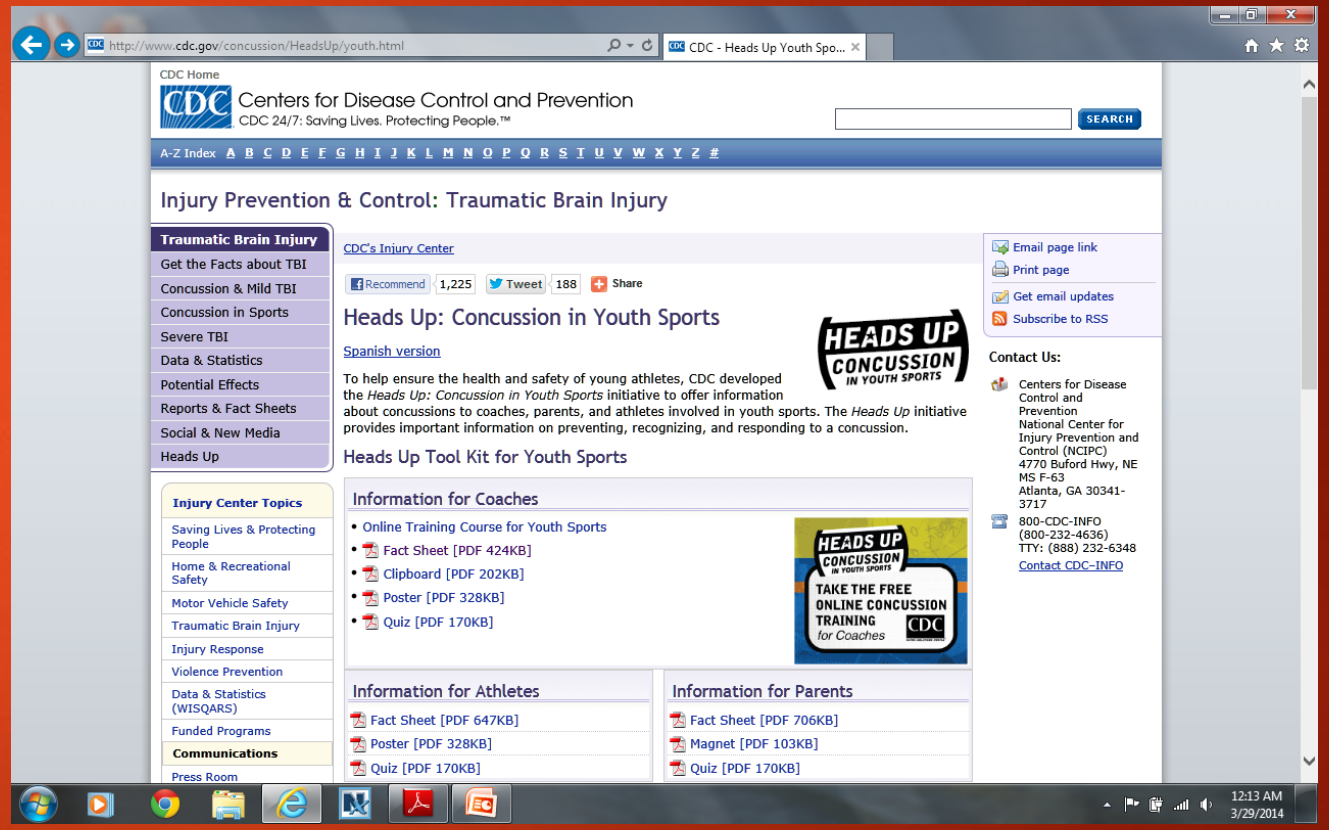
Serious Potential Complications

- Post Concussive Syndrome – Symptoms longer than 3 month
- Second impact syndrome
  - Catastrophic cerebral swelling and herniation that may lead to death
  - Usually occurs with return to play before medical clearance
- Chronic Traumatic Encephalopathy (CTE)
  a progressive degenerative disease found in people who have had repeated blows to the head – only seen on autopsy
- Alzheimer's Disease
  - In former NFL players, occurs 19 times the normal rate. (University of Michigan Institute for Social Research.)

Concussion Resources

cdc.gov/headsup/youthsports/ index.html

https://headsup.cdc.gov/



Signs "you see"

- Appears dazed or confused
- Answers questions slowly
- Balance problems
- Vomiting
- Changes in mood or personality
- Loss of consciousness (<10%)
- Unsure of score or opponent
- Can't recall events before hit or fall
- Can't recall events after hit or fall

Symptoms "they say"

- Headache or "pressure" in head
- Nausea
- Dizziness
- Blurry or double vison
- Sensitivity to light or noise
- Concentration or memory problems
- Feeling hazy, foggy, or groggy
- "Just does not feel right"

Danger Signs- "Go to Emergency Department"

- Unequal pupils
- Drowsiness or inability to wake up
- Headache that gets worse or won't go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting
- Convulsions or Seizures
- Inability to recognize people
- Increasing confusion, agitation, or unusual behavior
- Loss of consciousness (call EMS for Spine board Immobiliztion)

CDC's Four Step Action Plan

1

Remove the athlete from play

2

Ensure the athlete is evaluated by a healthcare professional experienced in evaluating for concussion

3

Inform the athlete's parent or guardian about the possible concussion and give them the fact sheet on concussion

4

Keep the athlete out of play until permission from a healthcare professional who is experienced in evaluating for concussion

Stage 1	Light aerobic activity 15' - brisk walking, jogging
Stage 2	Moderate aerobic activity 15-30' - dynamic warm up, 75% running, core circuit (push ups, crunches, air squats)
Stage 3	Sports-specific drills 30-45' – catching, hitting in baseball, kicking, change of direction running drills at 100%
Stage 4	Full practice
Stage 5	Game play

Return to Play Protocol

Begin after 24 hours of symptom-free or permission from physician/healthcare provider

Neck Injury Management

- Good outcomes require a good plan (Emergency Action Plan)
- All sports can have serious head or neck injuries
- DO NOT MOVE IF YOU SUSPECT A NECK INJURY
  - STABILIZE HEAD
  - CALL 911

Neck Injury Management

- Severe pain in neck or back
- Head or neck in odd position
- Numbness, weakness, or paralysis (inability to move arms or legs)
- Loss of control of bowels or bladder
- Neck injury should be suspected when there is a loss of consciousness or very hard hit to head

“Lightning and Thunderclap Rule”

Alabama High School Athletic Association

www.AHSAA.org

- Practice and competitions should be immediately suspended after lightning is seen or thunder is heard.
- All athletes and spectators should seek safe shelter during severe weather.
- Play should not resume for at least 30 minutes after the last lightning strike or thunderclap.

Sudden Cardiac Arrest

- Access to early defibrillation in 3-5 minutes from the time of collapse to delivery of the first shock is strongly recommended.
- The preparticipation physical examination should include the completion of a standardized history form and attention to episodes of exertional syncope or presyncope, chest pain, a personal or family history of sudden cardiac arrest or a family history of sudden death, and exercise intolerance.
- Sudden cardiac arrest (SCA) should be suspected in any athlete who has collapsed and is unresponsive. A patient's airway, breathing, circulation, and heart rhythm (using the AED) should be assessed. An AED should be applied as soon as possible for rhythm analysis.

Asthma

- Affects 1 out of 12 kids
- Wheezing, coughing, chest tightness
- Runs in families
- People with allergies are more likely to get it
- Smoking or 2nd hand smoke
- Inhalers and medicine is an important part of treating
- Ask who has during pre-season meeting

Heat Illness

- Heat Cramps
- Heat Syncope (Fainting)
- Heat Exhaustion
- Heat Stroke: Exertional Heat Stroke (EHS)

Heat Illness Risk Factors and Prevention

- Athletes not well conditioned or acclimated to the heat
- High temperature and humidity
- Overweight or obese athletes
- Lack of hydration
- Highly motivated and competitive athletes
- Type of clothing and equipment
- Limited water breaks during prolonged exercise
- Education

Heat Cramps

More common with 11 year olds and over

Painful but easily treated with rest, re-hydration, and stretching the muscle that is “cramping” or in spasm

Heat Syncope

Light-headedness,

Fainting, or dizziness

Lack of acclimatization

Dehydration

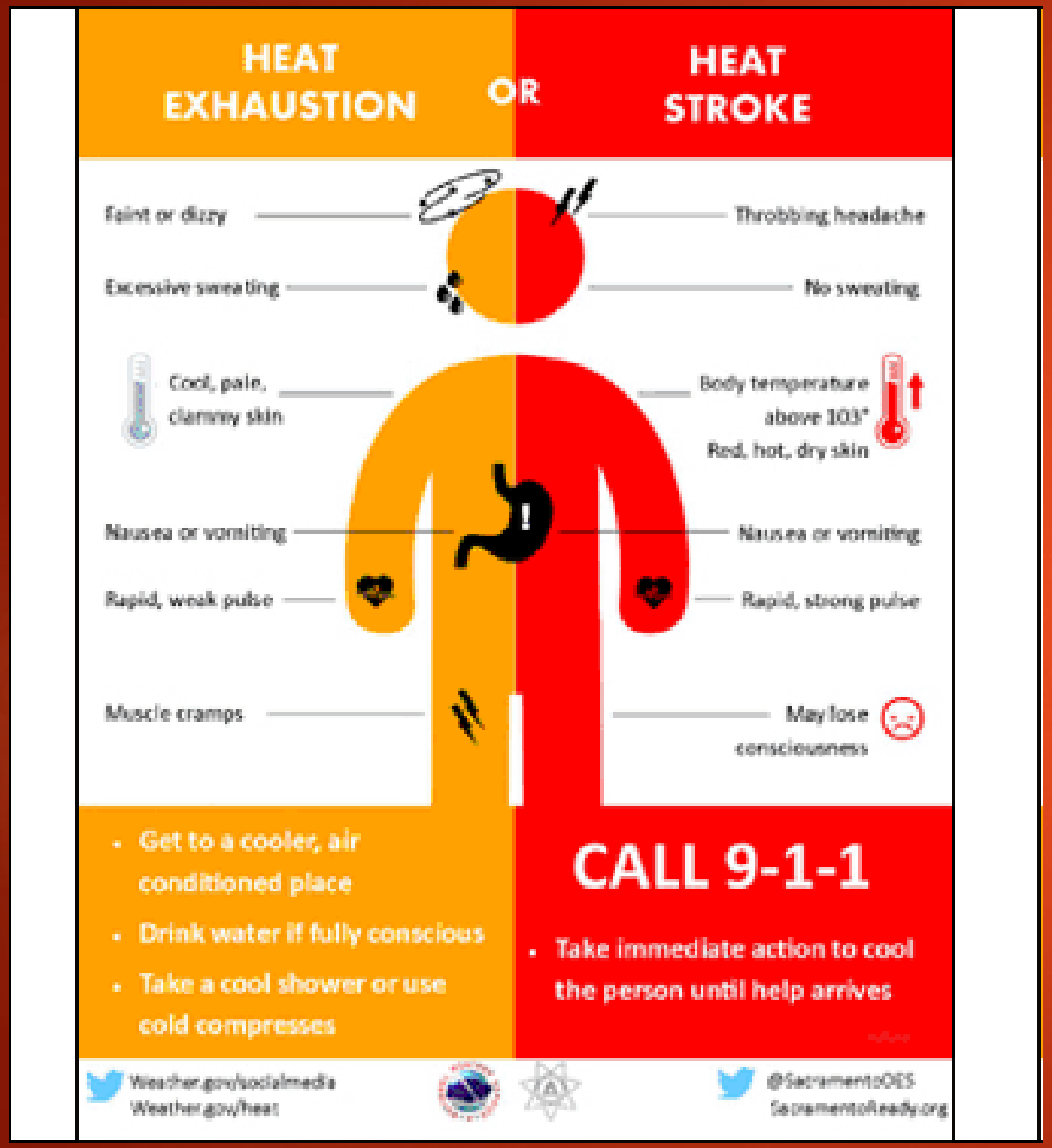
Blood vessels dilating to cool the body which causes a lack of blood to the brain

Heat Exhaustion

- Dizziness
- Profuse sweating
- Red Skin or Pale skin
- Loss of coordination
- Headache
- Nausea, vomiting, diarrhea
- Stomach cramping

Heat Stroke

- Medical Emergency – 911
- Body temp 104+
- Lack of sweating
- Red, hot skin
- Rapid heartbeat
- Throbbing headache
- Seizures
- Unconsciousness

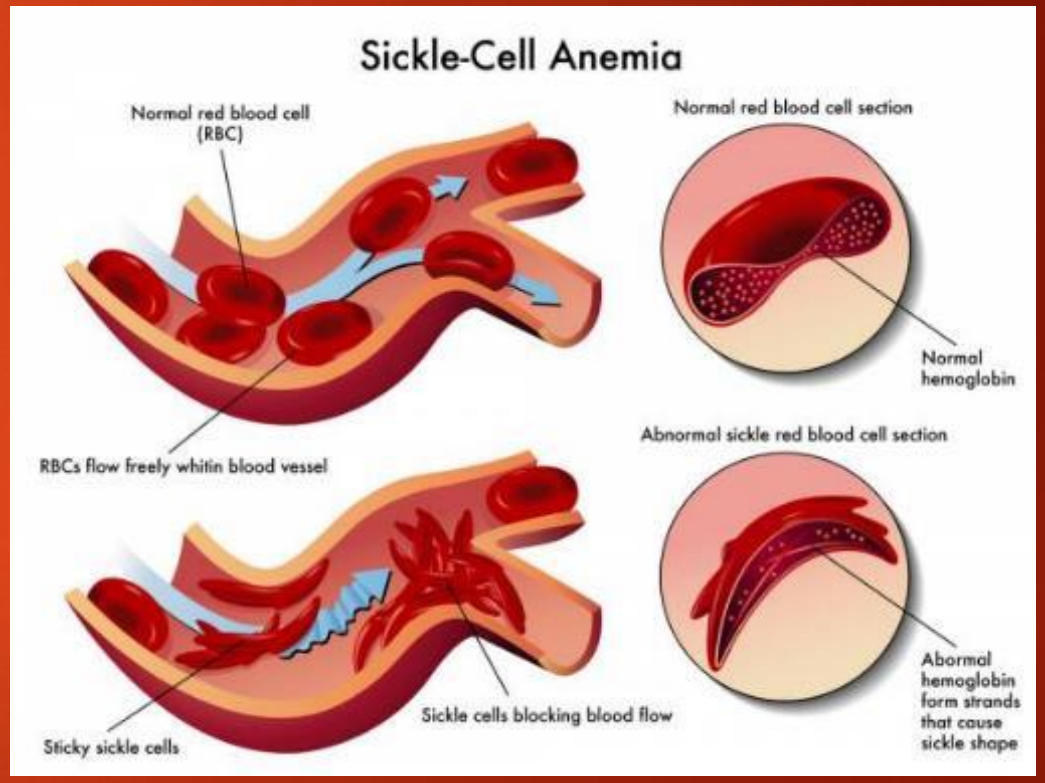


Heat Injury Management

- Remove extra clothing and equipment
- Move to shaded or air conditioned area
- Lie athlete down with legs elevated
- Cool with ice, ice towels, water, fans, ice tub
- Give cold water or sports drink
- If does not improve, call 911 and keep in ice bath

Exertional Sickling: “Sickle Cell Trait”

- Tested at birth and occurs primarily in people of African, Middle Eastern, Central American, and South American decent
- Medical Emergency
- Stress causes normal red blood cells to “sickle” which causes them to “stack up” and block blood flow



Allergic Reaction-Anaphylaxis

- Nuts, Medicines, Insect Bites/Stings
  - Shortness of breath or inability to breath
  - Hives
  - Lightheadedness
  - Swelling of face and lips
  - Drop in blood pressure
  - Asthma is contributing factor
- Who uses an EpiPen?
- Monitor for 30 minutes for reaction

Seizures

- A sudden, uncontrolled electrical disturbance in the brain.
- 30 seconds to two minutes is normal duration
- If 5 minutes or longer, it's a medical emergency
- Signs and Symptoms:
  - Temporary confusion
  - A staring spell
  - Uncontrollable jerking movements of the arms and legs
  - Loss of consciousness or awareness
  - Cognitive or emotional symptoms, such as fear, anxiety or deja vu

Emergency Care

Hands only CPR-

https://youtu.be/O_49wMpdews

Heimlich Maneuver –

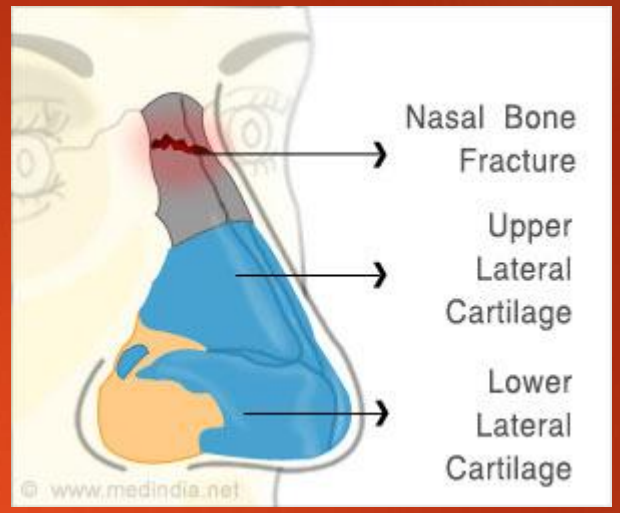
https://youtu.be/SYIwQNekj8I

Wound Infection Recognition

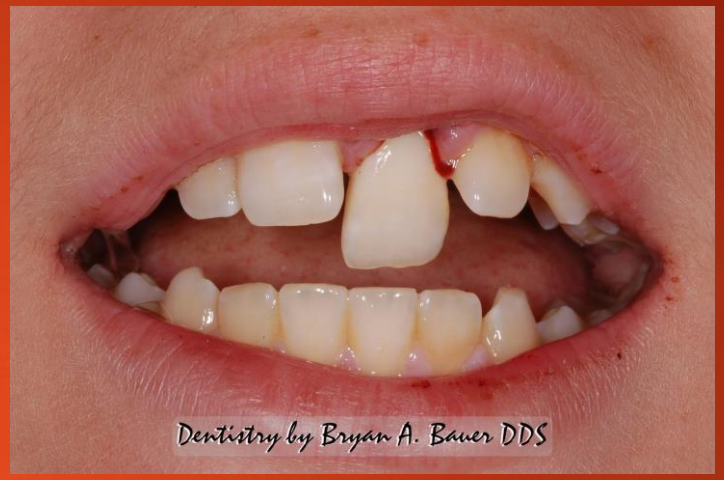
- MRSA, Staph, Strep
- Looks like "spider bite" or a boil
- Red, swollen, painful, pus, or drainage
- Areas covered by hair

Wound Management

Nose and Facial Injuries



Dental Injuries

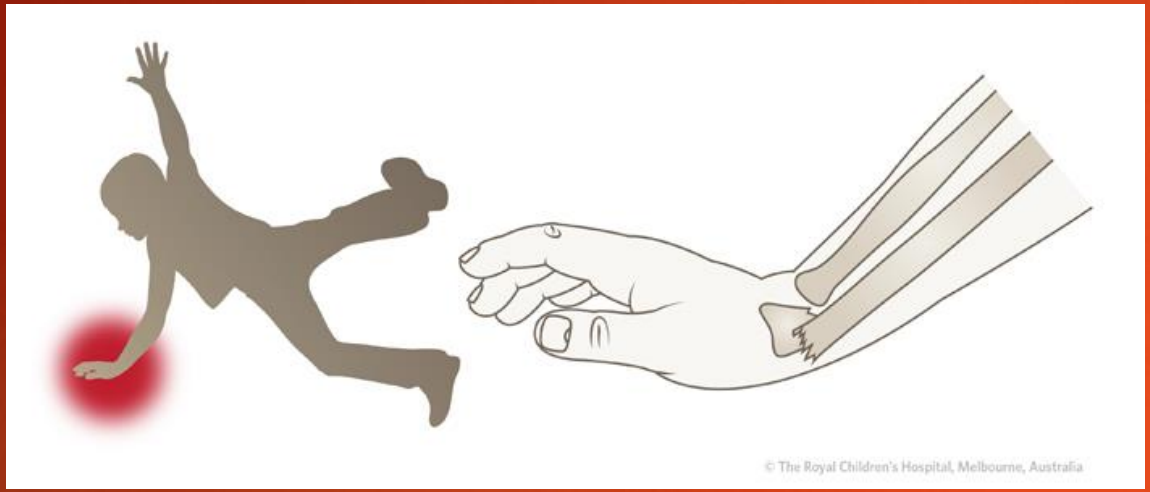


- If tooth is knocked out
- Hold by Crown (white part) not root
- Rinse for 10 seconds
- Place in socket facing correct way if possible, or in milk with patients saliva if possible
- Gently bite clean gauze during transport if possible
- Send to Dentist ASAP – 1 hour or less for best outcome

Displaced Joint, Sprains and Fractures

- Call 911 if needed
- Splint and cover with blanket, towel, or clothing if possible
- Encourage the child to take deep breaths through his/her nose and breath out through mouth if panicking

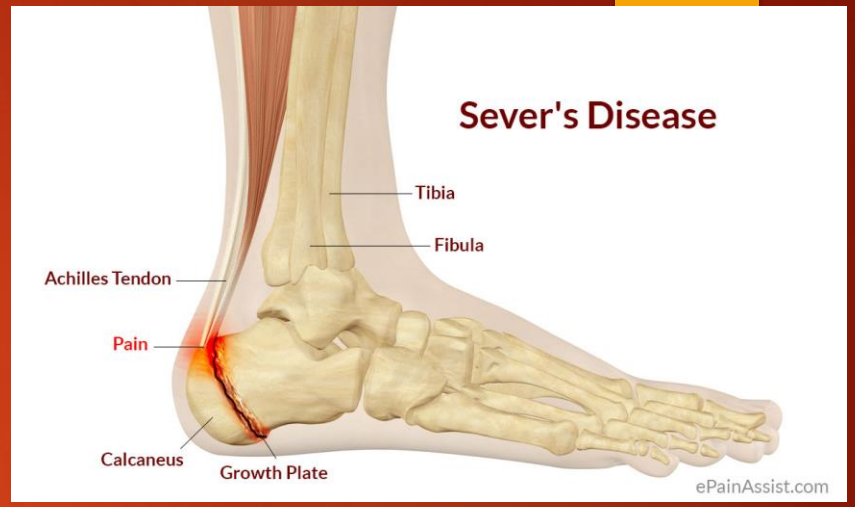
Wrist Fractures (break)

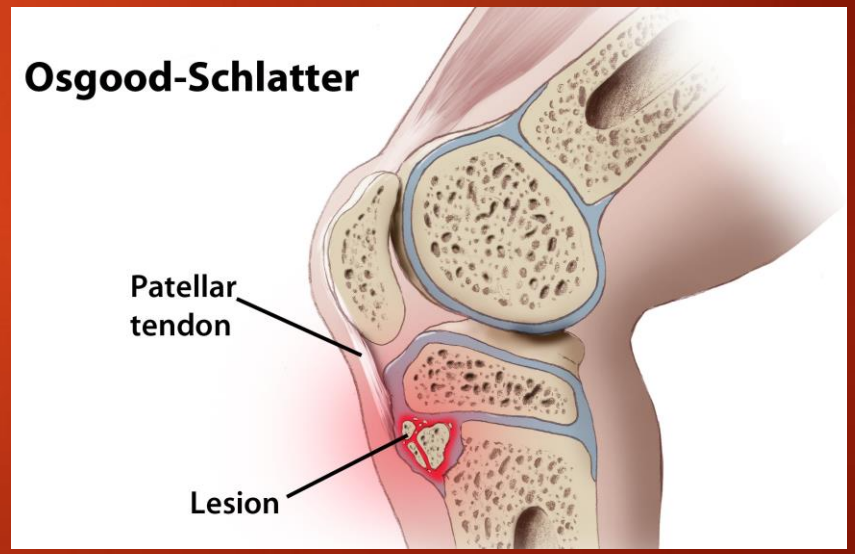


- Buckle Fracture- Radius bone of lower forearm but sometimes no obvious deformity
- Complete Radius and Ulna Fracture-deformity can be seen or felt
- Landing on outstretched arm
- Immobilize with towel, ace wrap, sling
- Take to Emergency Department that day if possible
- Follow up with Sports Medicine MD

Lower Body Overuse Injuries

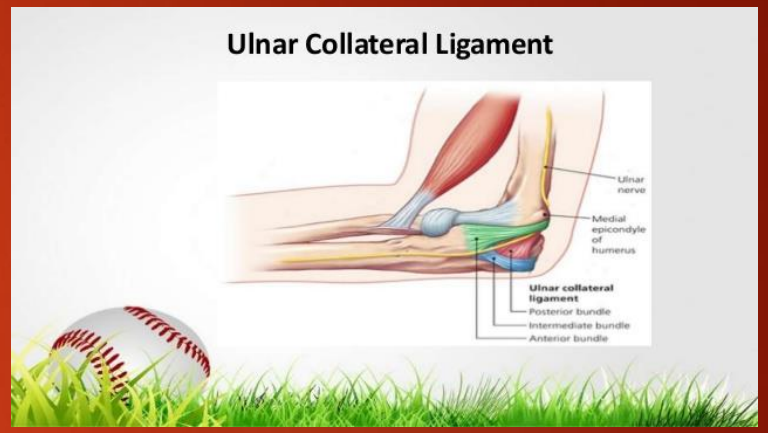
- Too much stress does not allow rebuilding
- Early specialization and over-training
- Overweight and deconditioned players
- Multiple sports or private lessons in same season
- Poor technique
- Use compression wrap with Pre-Wrap and Flex Tape or "Chopat" wrap
- Osgood-Schlatter's ages 8-13 in girls, 10-15 in boys
- Sever's ages 7-12 in girls, 9-13 in boys

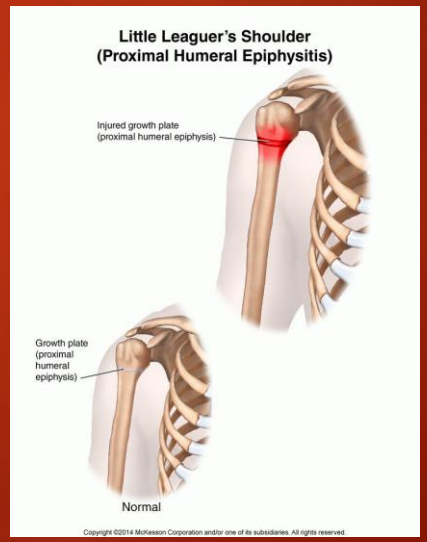




Throwing Overuse Injuries

- "Little League Elbow" (Medial Elbow Apophysitis)
- "Little League Shoulder" (Humeral Apophysitis)
- "Tommy John Ligament" (Ulnar Collateral Ligament)
- Contributing Factors -
  - Playing for multiple teams
  - Playing pitcher and catcher
  - High pitch counts
  - Fast throwers
  - Decreased speed and control often the first sign





Management of Throwing Injury

- Do not pitch or throw with pain
- Consult a sports medicine professional – AT, PT, MD
- "RICE"

https://www.andrewssportsmedicine.com/for-patients/injury-prevention/baseball-injuries-prevention

"RICE"

REST – Duration depending on severity of the injury

ICE –

- 10-20 minutes at a time
- Every 2 hours while awake or 3-5 times daily
- First 72 hours following injury

COMPRESSION –

- Ace wrap, stretch tape or sleeve during inflammation stage
- Instruct to loosen if area "falls asleep", begins to hurt badly, or feel continuous tingling below injury

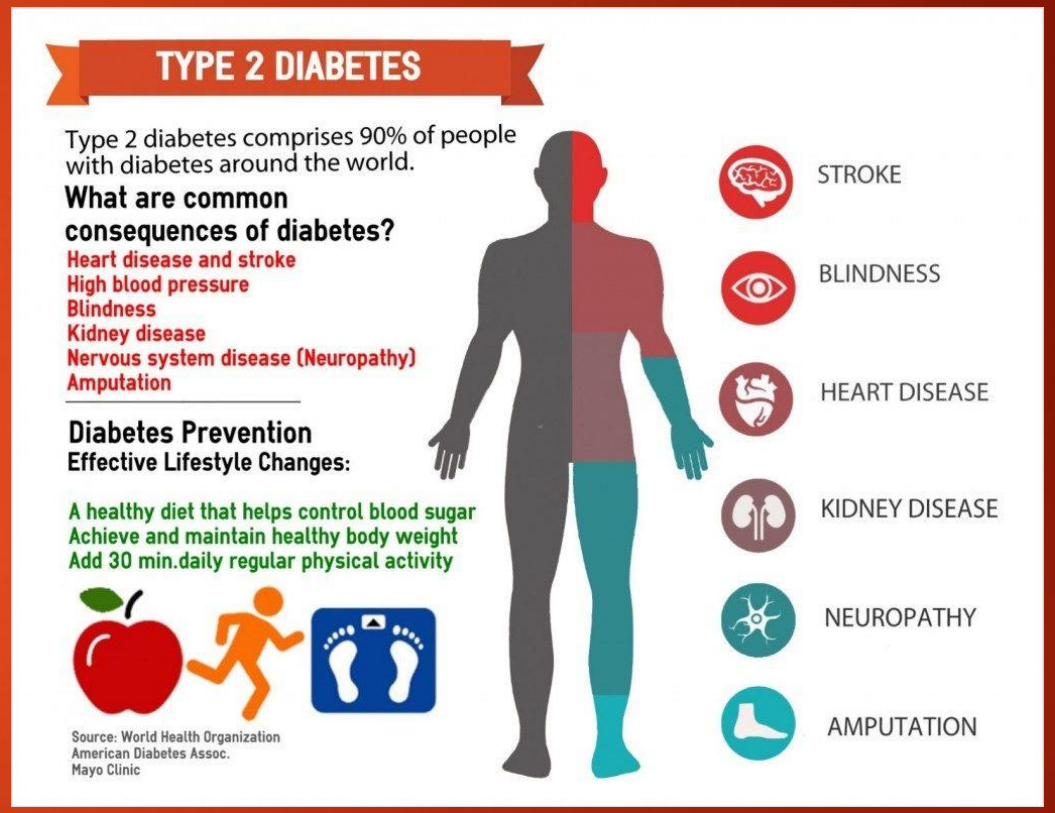
ELEVATION –

- Above the heart
- Every 2 hours for 10-20 minutes and keep elevated while sleeping
- For 72 hours following injury

Diabetes

- Affects how our body turns food into energy
- Most of the food is broken down into sugar and released into your bloodstream
- Diabetics can't produce insulin to help allow blood sugar to be used properly
- **Type 1 diabetes**
  - About 5% of the people who have diabetes have type 1. Currently, no one knows how to prevent type 1 diabetes.
- **Type 2 diabetes**
  - Most people with diabetes (95%) have type 2 diabetes.
  - Develops over many years and is usually diagnosed in adults (though increasingly in children, teens, and young adults)
  - Can be prevented or delayed with healthy lifestyle changes, such as losing weight if you're overweight, healthy eating, and getting regular physical activity.

Signs and Symptoms



Sports Nutrition and Hydration Tips

- Eat a healthy breakfast
- Eat high quality foods (protein, fiber, whole grains)
- Drink 8-12 oz water every hour
- Eat 3-5 smaller meals per day to lose weight
- Eat 4-6 times per day to gain weight
- Avoid skipping meals
- Smoothies with fruit, spinach, yogurt, peanut butter, whey protein, honey
- Plan ahead and pack a lunch and healthy snacks
- Mixed fruit bowls
- Peanut butter and jelly on whole wheat
- Protein bars, granola bars,
- Water, Milk, Lightly Sweetened Tea, G2 or other lower sugar sports drinks
- Sports drinks with more than 1 hour of aggressive exercise (Powerade, Gatorade)

Shoulder Tackling or Rugby Tackling

Pete Carroll and Rocky Seto

Practice Planning

- Dynamic/Active Warm Up: 2-8 minutes
- Skills and Drills: 10-15 minutes
  - Throwing, Hitting, Catching, Kicking, Tackling, Lead Ups, etc.
  - Games ("3,2,1")
- Situations and Plays: 10-20 minutes
- "Game" 10-20 minutes
- Conditioning: 5-10 minutes
  - Keep it fun yet competitive

Dynamic Warm Up and Speed Prep

Ages 5-8 (2-5 minutes)

- Jumping Jacks
- Push Ups
- Air Squats
- Form Running
  - "Elbows bent halfway and hands and fingers open"
  - "Run on balls of feet"
  - "Eyes forward and head still"
- Shuffles with Arm Swings
- Bottom/Butt Kickers

Ages 8-12 (5-8 minutes)

Start with previous exercises and add:

- Carioca
- High Knees
- Soldier Kicks
- Walking Prisoner Lunge
- Walking Karate Kicks
- Single Leg Hop Overs

Youth Sports Dynamic Warm Up & Dynamic Flexibility Speed Prep

Approximate Duration:

AGE	4-7 years olds	8-10 years olds	10-12 years old	12+ years old
TIME	2-3 minutes	3-5 minutes	5-8 minutes	8-12 minutes

Running Dynamic Warm up: 20-30 yards @ 50-75% each and repeat 1-2 times with perfect form

Form Run:	Shuffles:	High Knees:	Butt (Bottom) Kicks:	High Knee Carioca:	"A" Skips:	Backward Run:	Skip Kicks:
Fingers slightly touching or straight, 90° elbow, "cheek – to-cheek" hands w/ movement at shoulder, *Dorsiflexed Ankle,* run with normal stride.	*Athletic Stance*, balls of feet and swing arms overhead, move sideways.	90° elbow, 90° leg action, *Dorsiflexed Ankle*, Body upright or forward.	90° elbow, "cheek-to -cheek" hands w/ movement at shoulder, *Dorsiflexed Ankle,* bent leg at 45° hip flexion.	*Athletic Stance,* drive trail leg quickly over lead leg with "high knee" then rotate hips and bring trail leg behind lead leg.	Fingers slightly touching or straight, 90° elbow, "cheek-to -cheek" hands, movement at the shoulder, *Dorsiflexed Ankle*, hop on one foot then hop on their foot.	*Athletic Stance*, long strides, "cheek-to-cheek" hands with movement at shoulder, balls of feet.	Fingers slightly touching, 90° elbow, "cheek-to-cheek" hands, movement at shoulder, *Dorsiflexed Ankle,* hop on one foot, hop on other foot, extend knee.
All Ages	All Ages	All Ages	All Ages	All Ages	Ages 10 +	Ages 10+	Ages 12+

Athletic Stance: *Feet slightly outside shoulder width, weight on balls of feet, hips back, knees bent, chest up.*

Dorsiflexed Ankle: *Keep foot flexed upward toward shin to create "ready position of foot. This promotes landing on the ball of foot.*

Dynamic Flexibility Speed Prep

Ages 4-8: Jumping Jacks, Air Squats, Single Leg Hops, Push Ups x 10

Pre-Practice/Game x 5-10 minutes with appropriate teams or Pre-Speed and Agility Training

Walking Knee Pull/Quad Pull:
Pull knee to chest with *Dorsiflexed Ankle,* reach arm overhead and pull until stretch in quad.

Ages 8+

Walking Soldier Kick:
Back foot flat, knee straight, *Dorsiflexed Ankle* kick forward toward opposite hand with control until slight stretch in hamstring.

Ages 8+

Lunge Walk with Arms Overhead and Tilt:
Hands behind neck, lift knee high, step out to lunge, push hands overhead, tilt hands and body towards the knee in front.

Ages 8+

Arm Swings Across Chest:
Swing arms back and forth across chest making "hugging" motion.
(10 reps)

All Ages

Arm Circles:
Make small circles with arms forwards then backwards. Do the same making as large circles as possible. (10 reps)

All Ages

Arm Swings:
Swing arms opposite directions front to back close to body.
(10 reps)

All Ages

Walking Figure 4 Glue:
Cradle knee and foot and lift toward chest until stretch in glute. If athlete cannot lift leg, lean forward with leg resting on knee as in first picture.

Ages 12+

Walking Inchworm w/ Push Up: Walk hands to push-up position, perform 2-5 pushups, walk toes toward hands with knees straight. Feel stretch behind knees. Hands move, then feet move.

Ages 8+

Walking Sideways Lunge w/ Sumo Squat: Feet squared off, lunge into lead leg, tilt towards trail leg until stretch in groin, repeat on opposite leg. Squat center, elbows inside knees, press outward to stretch groin.

Ages 12+

Walking Spiderman:
Walk hands to push-up position, foot to outside hand on same side, reach opposite arm to ceiling and walk to push up position dragging back foot. Repeat on opposite side.

Ages 12+

Leg Swings:
Front to Back: Stand tall, swing leg front to back with Dorsiflexed Ankle.
Side to Side: Stand tall swing leg side to side keeping toes pointed toward wall.
(10 each way)

Ages 12+

Walking RDL:
Keep back flat and reach down with hands to floor, raise hands straight ahead 90° by ears, stand tall.

Ages 12+

Walking Toe Grabs:
Hinge at hip w/toe-to-nose until stretch behind knee, keep back flat, reach toward toe with hands.

Ages 12+

Walking Fire Hydrant:
Bring knee to chest and lift hip sideways 45°. Kick leg sideways with *Dorsiflexed Ankle* and toes forward.

Ages 12+

Following the lead of top coaches and teams we have 3 main areas of development over the next 3 months:

•**Character Skills:** Including but not limited to, Accountability, Appreciation, Encouragement, Commitment, Respect, Leadership, Kindness, Mental Toughness, Hustle, and Humbleness

•**Baseball Skills:** We will give each player a handout of hitting, fielding, and throwing key words in the coming weeks to compliment the on the field coaching during practices

•**Physical Conditioning:** Each player is encouraged to do numbers 1-5 (about 5 minutes) on non-practice and non-game days. We want this to be a positive commitment experience without making it overwhelming. If it works for your family, place this in visible area (i.e.. refrigerator or cork board) to remind him to record his progress.

•Push-ups (2 x 15) elbows bending to 90 degrees + eyes forward
•Superman (2 x 15) stomach lying + extend arms and legs off the ground 6 in.
•Sit-ups or Curl ups (2 x 15)
•Air Squats (2 x 15) feet 12 in. apart + heels on ground, bend knees 90 degrees
•Single Leg Hops (1 x 30 each leg) in place or moving

Why do kids play sports?

1. To have fun
2. To do something I'm good at
3. To improve my skills
4. To stay in shape
5. To get exercise

11. To Win Games

Why do kids quit sports?

- 70% quit by age 13
- Not fun anymore
- Burned out
- Kids would rather play more than sit on bench for winning team
- Afraid to make mistakes
- Want to try other things
- Not willing to put in the time to get better
- Too much pressure
- Not able to have down time and free play time
- Don’t like to be coached all the time

Youth Sport Psychology

- Character development including
  - Being a good teammate, effort, perseverance, hustle, humble, and appreciation
- Build confidence in a positive and structured environment
- Encouragement vs Criticism
- Speak to them at "their level"
- During adversity – "take a deep breath, throw it away, and move on to the next play"
- Do not embarrass him/her for physical mistakes
- Tell them what to do
  - "move your feet", "watch the ball hit the bat", "find a pitch you like"
- "Process" (do it right everyday) rather vs "Product" (wins and losses)
- Early success in sport does not always equal later success
- Keep teaching points short (10 seconds) and post game talk short (2 mins or less)

Parent Communication and Engagement

- Pre-Season Parent Meeting

  Your experience, your philosophy, 24 hour request
- Spectator and Fan Support Handout (http://www.trussvilleparks.org/coaches-education-classes/)
- Groupme or Group Text
- Ask for Help (field prep, asst. coaches, scorekeeper)

PARENT AND FAN SUPPORT FOR OUR TEAM

- **Show sportsmanship** during wins and losses. It's sometimes hard to show a positive outlook when things don't go our way. How we react to a challenging situation is learned by our kids.
- **Show respect to umpires**. They are not always right but they are doing their best. Thank them for their time because without them, we don't have games.
- **Volunteer** to help if able. There are always opportunities to assist in field preparation, team snacks, running the scoreboard, keeping the score book, etc. Even very small things help tremendously.
- **Be appreciative and thank volunteers** who make this possible for our kids.
- **Communicate with coaches** if your child will be late for or miss a practice or game. It helps us plan practice drills and find replacement players for games.
- **Focus on positives**. Research shows young athletes play "tighter" and are less likely to be aggressive when they get negative feedback.
- **Encourage** the players with *"what to do"* instead of *"what not to do."*
  - "Watch the ball hit the bat" rather than, "You are pulling your head off the ball."
  - "Move your feet to the ball" rather than "Don't be afraid of the ball." `
- **Have fun, short practices at home** with your child if possible. Try to use the terminology that your child understands the best. Keep sessions short (10-15' at this age) and give them a goal. "Let's catch 15 fly balls in a row and make 15 throws with good form." Always keep it fun, it's a game we're playing.
- **Research shows the two top reasons kids play sports are:**
  - **Have fun**
  - **Be with friends and make friends**
- **The coaches will make mistakes, the umpires will make mistakes, the kids will make mistakes. We are all doing our best!**

Thank you for your support and for trusting us with your child. Let's have a great season!

Questions or Discussion?

Need a MD, PT or ATC?

- Andrews Sports Medicine @ St. Vincent's Birmingham and St. Vincent's Trussville, Happy Hollow Rd. 205 939-3699
  - Dr. Cherie Miner and Dr. Sam Goldstein are team Physicians for HTHS and HTMS
- ATI North Trussville @ St Vincent's Trussville, Happy Hollow Rd.
- ATI Physical Therapy South Trussville next to Zoe's Kitchen in Homestead Village, Highway 11
- Michael Ryan, ATC, CSCS
  - 205 482-0329
  - Michaellawrenceryan@gmail.com

Athletic Coaching Academy

HELPING COACHES DEVELOP YOUNG ATHLETES PHYSICALLY, MENTALLY, AND EMOTIONALLY IN SAFE AND SUCCESSFUL ENVIRONMENT